



State of Rhode Island
Department of Business Regulation



DIVISION OF BANKING

233 Richmond Street, Suite 231

Providence, Rhode Island 02903-4231

Telephone (401) 222-2405 - Facsimile (401) 222-5628 - TDD (401) 222-2999

APPLICATION FOR CHANGE OF NAME

Application is hereby made pursuant to R. I. Gen. Laws § 19-14-12(c) for a change of name and the re-issuance of the license or branch certificate for the type of business listed below.

CHECK ONLY ONE

- ☐ Section 19-14.1 - Lender
☐ Section 19-14.1 - Loan Broker
☐ Section 19-14.2 - Small Loan Lender
☐ Section 19-14.3 - Sale of Checks
☐ Section 19-14.3 - Electronic Money Transfers
☐ Section 19-14.4 - Check Cashing
☐ Section 19-14.7 - Debt Management Plans

1. Name and Main Office Address of Licensee:

Name of Licensee _____
D/B/A, if applicable _____
Street Address _____
City, State, Zip Code _____
Telephone Number _____
License Number _____

2. Proposed Name and, if applicable, d/b/a Under Which Business is to be Transacted:

Attach the d/b/a Form/Fictitious Name Statement from the appropriate City, Town, County, or State authority, if applicable.

The change of name will apply to the main office as well as all branch offices of the Licensee.

3. Form of Organization (Check Only One):

☐ Corporation ☐ General Partnership
☐ Limited Liability Company ☐ Sole Proprietorship
☐ Limited Partnership ☐ Association
☐ Other (explain) _____

State in which business is organized _____

4. Anticipated Date of Name Change _____

5. All Applicants Enclose the Following:

- a. The **ORIGINAL** license(s) that will be re-issued upon approval of the change of name.
- b. All **ORIGINAL** branch certificate(s) that will be re-issued upon approval of the change of name.
- c. A bond rider **executed by a SURETY COMPANY licensed to do business in Rhode Island** that reflects that change of name.
- d. An investigation fee in the amount as determined below for each application submitted, made payable to the General Treasurer, State of Rhode Island as provided in R. I. Gen. Laws § 19-14-12(c):

a. Main office location \$ 150
b. Number of branches X \$50 = _____

Total investigation fee (a+b) \$_____

- e. Name of Current Manager _____
- f. Applicant shall complete and file the enclosed Customer Communication Contact Form.

6.. Agent for Service of Process:

Provided the information requested below for the attorney in Rhode Island, other than the manager or an official of the applicant, or company who will accept service of process pursuant to R. I. Gen. Laws § 19-14-10:

Name _____
Street Address _____
City, State, Zip Code _____
Telephone Number _____

7. Partnerships and Associations Only:

- a. Certified copy of the amended Articles of Partnership or Association.
- b. A certified copy of the resolution of the partners authorizing the change of name. The officers/persons who sign this application **must** be named in the resolution.

8. Corporations & Limited Liability Companies Only:

- a. A certified copy of the amended corporate charter or articles of incorporation.
- b. A certified copy of the resolution of the board of directors authorizing the change of name. The officers/persons who sign this application **must** be named in the resolution.
- c. A Certificate of Good Standing dated not more than sixty (60) days from the filing of this application **issued by the Rhode Island Secretary of State.**

Note: All information and documentation requested must be submitted concurrently. If, within sixty (60) days of the initial filing of the application, the applicant has failed to provide the necessary factual data in order to complete the application, the Director or the Director's designee may notice the applicant, by certified mail, that the application shall be considered in default and rejected if all necessary data for a completed application is not received within fourteen (14) days of said notice unless the application is withdrawn in writing.

The applicant, in signing this application, affirms under oath that the responses in the application and all documents appended thereto are true and accurate.

THE APPLICANT IS SIGNING FOR AN ENTITY THAT IS A:

CHECK ONLY ONE

_____ Corporation	_____ General Partnership
_____ Limited Liability Company	_____ Sole Proprietorship
_____ Limited Partnership	_____ Association
_____ Other (explain) _____	

Signed at _____, this _____ day of _____, 20____
(City, State)

_____,
(Business Name)

by, _____
(Type or Print Name) Signature Title

by, _____
(Type or Print Name) Signature Title

by, _____
(Type or Print Name) Signature Title

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

Notary Seal

My commission expires _____, 20____



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CUSTOMER COMMUNICATION CONTACT FORM

**THIS FORM MUST BE COMPLETED AND SIGNED BY AN AUTHORIZED AGENT OF THE
LICENSEE AND RETURNED WITH YOUR LICENSE APPLICATION**

This Division receives communications from consumers from time to time that require contact with a licensee. So we may promptly contact the person in your company with responsibility for resolving consumer inquiries or complaints, please provide the following:

1. Name of Applicant _____
2. D/B/A, if applicable _____
3. Proposed Main Office Licensed Location
Street Address _____
City, State, Zip Code _____
4. Hours of Operation _____
5. Contact Person
Name _____
Title _____
Street Address _____
City, State, Zip Code _____
Telephone Number _____
(Please provide Toll-free number, if available)
E-mail Address: _____
6. Signature _____
Title _____
Date _____